



ifw  
CASE: CLV-32813A/CVA

**CERTIFICATE OF MAILING**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

Jennifer China  
Type or print name

*Jennifer China*  
Signature

May 6, 2005  
Date

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF

**LINDACHER, ET AL.**

APPLICATION NO: 10/762,039

FILED: January 21, 2004

FOR: **OPHTHALMIC LENSES**

EXAMINER:

**SUGARMAN, SCOTT J**

ART UNIT: 2873

Commissioner for Patents  
Washington, D.C. 20231

**AMENDMENT A**

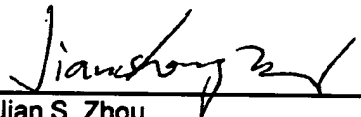
Sir:

The Office Action dated March 24, 2005 from Examiner Scott J. Sugarman of Art Unit 2873 has been received and reviewed. The following is in response thereto.

05/18/2005 USPTO 20000002 502965 10762039  
01 FC:1202 18.00 DA

Should the Examiner believe that a discussion with Applicants' representative would further the prosecution of this application, the Examiner is respectfully invited to contact the undersigned. Please address all correspondence to Robert Gorman, CIBA Vision, Patent Department, 11460 Johns Creek Parkway, Duluth, GA 30097. The Commissioner is hereby authorized to charge any other fees which may be required under 37 C.F.R. §§1.16 and 1.17, or credit any overpayment, to Deposit Account No. 50-2965.

Respectfully submitted,

  
Jian S. Zhou  
Reg. No. 41,422  
(678) 415-4691

Date: May 6, 2005  
CIBA Vision  
Patent Department  
11460 Johns Creek Parkway  
Duluth, GA 30097

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	58	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	58 minus 20 =	38
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

*amdt*  
*5-11-05*

## CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
				PRESENT EXTRA
	Total	59	Minus	58
	Independent	4	Minus	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
				PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
				PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY  
TYPE ☐

OR  
OTHER THAN  
SMALL ENTITY

RATE	FEE
BASIC FEE	450.00
X\$ 25=	385
X\$ 50=	
X\$ 100=	
+180=	
TOTAL	

RATE	FEE
BASIC FEE	300.00
X\$ 25=	770
X\$ 50=	1084
X\$ 100=	86
+180=	
TOTAL	1840

SMALL ENTITY

OR  
OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 25=	
X\$ 100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 25=	18
X\$ 100=	
+360=	
TOTAL ADDIT. FEE	18

RATE	ADDI- TIONAL FEE
X\$ 25=	
X\$ 100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 25=	
X\$ 100=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 25=	
X\$ 100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 25=	
X\$ 100=	
+360=	
TOTAL ADDIT. FEE	